



**NH DEPARTMENT OF AGRICULTURE, MARKETS AND FOOD  
DIVISION OF PESTICIDE CONTROL  
25 CAPITOL STREET, PO BOX 2042  
CONCORD, NH 03302-2042**

**COMMERCIAL-FOR-HIRE REGISTRATION FORM**

This Firm Registration is to be completed in full and submitted prior to licensing at the Supervisory Level. If applicable, a designated company number (NHPC #) will be issued to the firm upon completion of all licensing requirements. **An official Certificate of Insurance showing specific amounts of coverage for the firm must accompany this application.**

FIRM NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

Are there any subsidiary firm names? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, list names and addresses below.)

FIRM NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

List the name and address of the **PRINCIPLE SUPERVISORY LICENSE HOLDER** first, followed by the names and address of any additional Supervisory Level License holders for the firm above.

1) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

2) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

3) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**NOTE: Falsification of any information on this application may be grounds for denial of registration.**

SIGNATURE OF PRINCIPLE SUPERVISORY LICENSE HOLDER: \_\_\_\_\_

DATE: \_\_\_\_\_ NHPC# (DESIGNATED BY DIVISION \_\_\_\_\_)